



PTO/SB/01 (2-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box →  ±

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number _____ → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label _____ OR <input checked="" type="checkbox"/> Correspondence address below			
--	--	--	--

Name	Charles E. Temko, Esq.		
Address			
Address	22 Marion Road		
City	Westport	State	CT
Country	USA	Telephone	203-227-7368
		ZIP	06880
		Fax	203-227-5429

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Name of Sole or First Inventor:

Given Name (first and middle if any)

Family Name or Surname

BRUNO

ZUMBUHL

Inventor's Signature	X	<i>Bruno Zumbuhl</i>				Date	11/24/03
Residence: City	Evansville	State	IN	Country	U.S.A.	Citizenship	U.S.
Post Office Address	1801 North Kentucky Avenue						
Post Office Address	Evansville						
City		State	IN	ZIP	47711	Country	U.S.A.

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

\*\* >Please type a plus sign (+) inside this box → ±

PTO/SB/01 (3-97)

Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains  
a valid OMB control number.

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing

Attorney Docket Number	28,435-A
First Named Inventor	Bruno Zumbuhl
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### THREADED CLOSURE WITH FLOATING LINER

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

07/03/03

as United States Application Number or PCT International

Application Number 10/612,578 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 35 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/395,798	July 31, 2002	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.